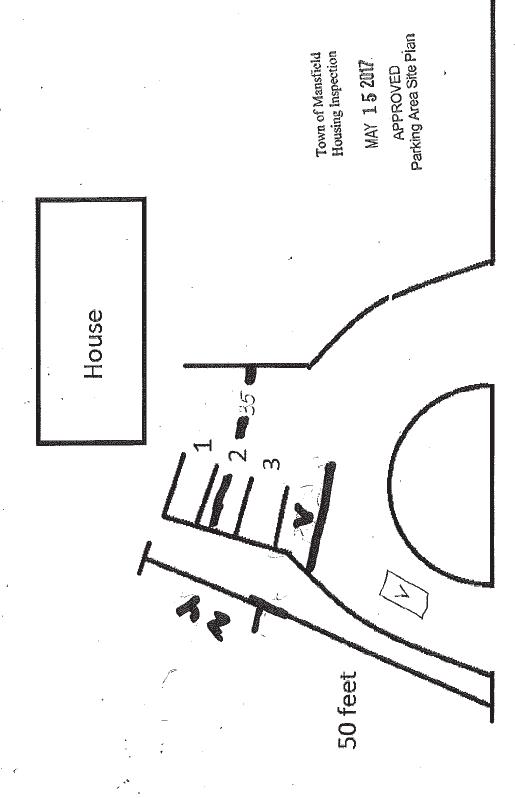
THE FOLLOW	ING ZECTION	IS FOR TOWN OFFICIAL REVIEW & SIGNATURES
PROPERTY LOCATION / STREET ADDR	7 06	(plan Showny)
		AGENT SECTION
In reviewing and approving provisions have been met:	any application f	or a permit, the Town officer shall determine that the following
All applicable regulati Modification:	ons have been met	cable fee has been paid. or varied by the modification process. proved Denied nted Denied Expiration Date: / /
	ОТНЕ	ER APPROVALS REQUIRED
To demonstrate that the prrequirement, the following the permit:	oposal complies v approvals may be	with local inland Wetlands, Health District and Public Works required and any conditions of approval shall be incorporated into
MUST I	NOTIFY HEALTH DI	RECTOR IF CUTTING OR FILL IS 12" OR GREATER
DIRECTOR OF HEALTH	DATE	COMMENTS
INLAND WETLAND AGENT	DATE	COMMENTS
DIRECTOR OF PUBLIC WORKS	DATE	COMMENTS
Approved as subm ☐ Approved with mod ☐ Denied.	iitted. dification or condi	are attached to or referenced on this form, the permit has been: tions as stated below. proval or reason(s) for denial apply:
AUTHORIZED AGENT: SIG	NATURE A	DATE 5/3/17



Cedar Swamp Road